

<p>RETURN COMPLETED TO:</p> <p>MAHANGA HOLDINGS LTD 24b WILLIAM PICKERING DRIVE ALBANY (P O BOX 40221 GLENFIELD) AUCKLAND PH 09 444 0663 FAX 09 4156213</p>	<p>SEND REPORT TO:</p> <p>Company: _____</p> <p>Name: _____</p> <p>Email: _____</p>
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P.O # (If applicable) _____ Job # _____ Sampled By: _____

Sample Date			
Sample Location	(Substation/PHPP)		
Equipment Number			
Bank and Phase			
Serial Number	(Nameplate)		
Manufacturer	(Nameplate)		
Date of Manufacture	(Nameplate)		
Where Manufactured	(Nameplate)		
KVA Rating	(Nameplate)		
Primary kV	(Nameplate)		
Secondary kV	(Nameplate)		
Tertiary kV	(Nameplate)		
Fluid Volume	(Nameplate)		
Cooling	(Nameplate)		
Core & Coil Weight	(Nameplate)		
Oil Filtered/Unit Serviced	(Yes / No)		

All Tests Below are Required	Reason for Test
<ul style="list-style-type: none"> ● Paper DP 	<ul style="list-style-type: none"> <input type="checkbox"/> Routine Test <input type="checkbox"/> Retest <input type="checkbox"/> This is a return to Service Test <input type="checkbox"/> URGENT